Request for Prior Authorization for DME Supplies / Equipment
State of Maine / Department of Health and Human Services / Bureau of Medical Services / MaineCare Authorization Review Unit

NOTE: Services and/or equipment for members enrolled in MaineCare/Managed Care or Health Maintenance Organizations (HMO's) must be authorized by the member's Primary Care Provider (PCP).

From MaineCare I.D. Card	1. Member's Name	2. Member's I.D. Number	3. Birthdate	4. Sex	5. Spouse's Name or Parent's Name (if child)
6. Medicare # or Other Insurance (if applicable)	7. Type of Residence ☐ Home ☐ NF ☐ Hospital ☐ Boarding Home ☐ ICF -MR ☐ Other (specify)				8. Member's Address and Telephone Number

9. Services/Supplies Requested	A. Units	B. Procedure Code	C. From (date)	D. To (date)	E. Adj. Acq. Cost	F. Usual and Customary	G. Mfg. Sugg. Retail	H. Mfg. Model Name and #

I. Type of Purchase / Equipment

- ☐ New
- ☐ Used
- ☐ Rental
- ☐ Outright Purchase
- ☐ Medicare Crossover

10. Services, supplies, equipment to be provided by:

Name_____MaineCare Provider #_____

Address_____Telephone #_____

11. Signature_____Date_____

12. Physician's Statement of Medical Need or attached Prescription must be <u>completed by physician</u>, and include:

Diagnosis_____Estimated length of need_____

Medically necessary reason(s) for request:

I certify that the above request is medically necessary for the member and meets MaineCare policy.

_____ _____ _____ _____

Physician Signature | Date | Address | Telephone

<u>MaineCare Authorization Review Unit Only – Remarks</u>

Signature (MaineCare Authorization Reviewer) <u>Decision</u>:

_____ Approve ☐

Decision Date Deny ☐

_____ Defer ☐

Return to MaineCare Authorization Review Unit, Division of Health Care Management, State House Station #11, 442 Civic Center Drive, Augusta, ME 04333, or Fax to: (207) 287-7643

MA-56R594